## FORM D

MAY → ∠007

# UNITED STATES 000 12 938 9

SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
NIFORM LIMITED OFFERING EXEMPTIO

OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average	burden hours per
form	16.00

SEC USE ONLY

Serial

Prefix

OMB APPROVAL

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION	DATE RECEIVED
Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Issuance and sale of Series A-2 Convertible Preferred Stock	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506 ☐ Section 4(6) Type of Filing: ☐ Amendment	ULOE
A. BASIC IDENTIFICATION DATA	1 4 6 7 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  Food Quality Sensor International, Inc.	07054288
Address of Executive Offices (Number and Street, City, State, Zip Code)  99 Hayden Avenue, Lexington, MA 02421	(781) 682-3710
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business To market food quality sensors	
Type of Business Organization VAY 2 1 2007	3
□ corporation □ limited partnership, already formed □ business trust □ limited partnership, to be formed □ THOMSON	other (please specify):
- Financia:	
Actual or Estimated Date of Incorporation or Organization:        0     2	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	

#### GENERAL INSTRUCTIONS

#### Codona

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			IFICATION DATA								
2. Enter the information reque	ested for the follow	wing:		<del></del>							
<ul> <li>Each beneficial owner issuer;</li> </ul>	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;										
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>											
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner		□ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if in Bonné, Marco A.	dividual)			<del></del>							
Business or Residence Address (	Number and Stree	et, City, State, Zip Code)									
c/o Food Quality Sensor In	ternational, In	c., 99 Hayden Avenue,	Lexington, MA 02421								
Check Box(es) that Apply: [	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner						
Full Name (Last name first, Hanover, Alain	if individual)										
Business or Residence Address ( c/o Navigator Technology Vento			mbridge, MA 02142	· · · · · · · · · · · · · · · · · · ·							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner						
Full Name (Last name first, if in Gupta, Rana K.	dividual)										
Business or Residence Address ( c/o Food Quality Sensor Interna-			MA 02421								
Check Box(es) that Apply: [	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner						
Full Name (Last name first, if in Harrison, James V.	dividual)										
Business or Residence Address ( c/o Navigator Technology Vent	Number and Streeures, Four Camb	et, City, State, Zip Code) ridge Center, 2 <sup>nd</sup> Floor, Ca	mbridge, MA 02142	·	_						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last name first, if in	dividual)										
Business or Residence Address (	(Number and Stree	et, City, State, Zip Code)			· · · · ·						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if in	dividual)										
Business or Residence Address	Number and Stre	et, City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last name first, if in	dividual)										
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					В. 1	INFORMAT	TION ABOU	JT OFFERI	ING				
1.	Has the	issuer sold.	or does the	issuer inten	d to sell, to	non-accredit	ted investors	in this offer	ing?				Yes No
Answ	ver also	in Appendix	, Column 2,	, if filing un	der ULOE								
2.	What is	the minimu	m investme	nt that will	be accepted	d from any in	dividual?						N/A
													Yes № □
4.	Enter th similar to be lis list the i	ne information remuneration ated is an ass name of the	on requested on for solic ociated per broker or o	I for each pointation of son or age lealer.	person who purchasen ent of a b more thar	has been or s in connec proker or de n five (5) p roker or deak	will be paid tion with s aler registe ersons to b	l or given, d ales of sec red with th	lirectly or incourities in the SEC and/	directly, any ne offering or with a	y commissi . If a po state or s	on or erson tates,	
Full	Name (I	ast name fir	st, if individ	lual)								-	
Busin	ness or I	Residence A	ddress (Nun	nber and St	reet, City, S	State, Zip Co	de)						
Nam	e of Ass	ociated Brol	ker or Deale	r									
State	e in Wh	ich Derson I	icted Hac S	olicited or I	ntande to S	Solicit Purcha	cerc						·····
													FT 411 Cantan
[	(Check [AL] [IL] [MT] [RI]	"All States" [AK] [IN] [NE] [SC]	(AZ) [IA] [NV] [SD]	dividual Sta [AR] [KS] [NH] [TN]	ites) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	.  All States [ID] [MO] [PA] [PR]
Full	Name (I	ast name fir	rst, if individ	lual)									
Busii	ness or I	Residence A	ddress (Nun	nber and St	reet, City, S	State, Zip Co	de)						
Nam	e of Ass	ociated Bro	ker or Deale	r									
State	s in Wh	ich Person L	isted Has S	olicited or I	ntends to S	Solicit Purcha	sers						
													□ All States
	(Clicck [AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	.  All States [ID] [MO] [PA] [PR]
Full	Name (1	ast name fi	rst, if individ	iual)									
Busin	ness or l	Residence A	ddress (Nur	nber and St	reet, City,	State, Zip Co	de)						
Nam	e of Ass	sociated Bro	ker or Deale	er .									
State	s in Wh	ich Person L	isted Has S	olicited or l	ntends to S	Solicit Purcha	isers						· <del></del> · ·
		"All States" [AK] [IN] [NE]					[CT] [ME] [NY]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	.  All States [ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	F PR	OCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	m 60 .		Aggregate	Α	mount Already
	Type of Security	•	Offering Price	\$	Sold
	Debt	\$_	0		0
	Equity - Units of Series A-2 Convertible Preferred Stock				
	☐ Common ☑ Preferred	\$_	480,000	_	480,000
	Convertible Securities (including warrants)	\$_	0	_ \$	0
	Partnership Interests	\$_	0	_ \$	0
	Other (Specify)	\$_	0	_ \$	0
	Total				
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indi-cate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Marakan	,	Aggregate
			Number Investors		Dollar Amount Of Purchases
	Accredited Investors		1	\$	480,000
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)	_	0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of Offering		Type of Security	!	Dollar Amount Sold
	Rule 505		<u>N</u> /A	\$	
	Regulation A		N/A	\$	
	Rule 504		N/A	\$	
	Total		N/A	\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		☒	\$	0
	Printing and Engraving Costs		⊠	\$	0
	Legal Fees		$\boxtimes$	<b>\$</b>	20,000
	Accounting Fees		⊠	\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)		×	\$	00
	Other Expenses		⊠	\$	0
	Total			<b>s</b>	20,000
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and		- <del></del> -	s	460,000
	total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			<b>-</b>	,

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

of the purposes shown. If the amount for any	is proceeds to the issuer used or proposed to be used purpose is not known, furnish an estimate and check syments listed must equal the adjusted gross procee 4.b above.	the box		
			Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		🔲	\$0	⊠ \$0
Purchase of real estate		🗆	\$0	<b>⊠</b> \$ <u>0</u>
Purchase, rental or leasing and installation	of machinery and equipment	🗀	\$0	<b>⊠</b> \$0
Construction or leasing of plant buildings	and facilities	🗆	\$	<b>⊠</b> \$ <u>0</u>
Acquisition of other businesses (including may be used in exchange for the assets or s	the value of securities involved in this offering that ecurities of another issuer pursuant to a merger)	🗆	\$ 0	<b>⊠ \$</b> 0
Repayment of indebtedness		🗆	\$0	<b>⊠</b> \$ 0
Working capital		🛛	\$0	<b>⊠</b> \$ <u>460,000</u>
Other (specify):			\$0	<b>⊠</b> \$0
	d)	<del></del>	\$ <u>0</u> ⊠\$ <u>4</u>	<b>□</b> \$ 460,000
	D. FEDERAL SIGNATURE			
following signature constitutes an undertaking	signed by the undersigned duly authorized pers by the issuer to furnish to the U.S. Securitie ssuer to any non-accredited investor pursuant to bera	s and Ex	change Commission	nder Rule 505, the , upon written re-
Issuer (Print or Type) Food Quality Sensor International, Inc	Signature	Date ///	11,200	27_
Name of Signer (Print or Type)  Marco Bonné	Citle of Signer (Print or Type) President and Chief Executive Officer			
		,		
	ATTENTION			
Intentional misstatements or	omissions of fact constitute federal crimina	ıl violatic	ons. (See 18 U.S.C	C. 1001.)

	E. STATE SIGNATURE
ì.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions Yes No of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	e issuer has read this notification and knows the contents to be true and has daily caused this notice to be signed on its behalf by the undersigned duly horized person.
	uer (Print or Type) od Quality Sensor International, Inc    Date
	me of Signer (Print or Type)  Arco Bonné  Title of Signer (Print or Type)  President and Chief Executive Officer

## **APPENDIX**

l	Intend to non-a investor	2 I to sell accredited in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	E-Item 1) No	
AL										
AK										
AZ										
AR										
CA										
СО										
СТ										
DE										
DC										
FL										
GA		<del>                                     </del>								
HI										
ID										
IL					<del></del>					
ΙN										
lA										
KS										
KY										
LA										
MA		х	Series A-2 Convertible Preferred Stock	1	\$480,000	0	0			
MD										
ME										
MI									ļ	
MN										

## **APPENDIX**

	,			AFFENDIA					
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualificatio under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1				
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
MS			<del></del>			1			
МО									
MT									
NE									
NV									-
NH									
NJ									
NM									
NY									
NC									
ND									
ОН									
OK					··				
OR					·				
PA									
RI									
SC									
SD									
TN				_					
TX									
UT									
VT									
VA									

#### APPENDIX

1	Intend to non-a investor	2 I to sell accredited is in State I-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Nonaccredited Investors	Amount	Yes	No
WA									
wv									
WI									
WY			·						
PR	<u> </u>								

ACTIVE 4031688v.1